United States District Court

101	me That has an	ADD DAY OF
Distr	rict of	
	Division	
) Case No.	
Mark Coburn Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V-)))))	(to be filled in by the Clerk's Office)
Commonwealth of Massichusetts; Super Mendent Suffolk County Jail Richard Belinsky Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.))))))	

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A.

B.

The Plaintiff(s)			
Provide the information below for needed.	each plaintiff named in th	e complaint. Atta	ch additional pages if
Name	Mark Coburn		
All other names by which	1 100 11		
you have been known:			
ID Number	2403311		
Current Institution	S. Bay		
Address	20 Bradston	St	
		MA	02/18
	City	State	Zip Code
The Defendant(s)			
individual, a government agency, a listed below are identical to those of the person's job or title (if known) are individual capacity or official capacity of official capacity of the person of the	contained in the above cap and check whether you are lacity, or both. Attach addi	tion. For an indivoringing this comptional pages if nee	idual defendant, include plaint against them in their ded.
Name	Commanweal	th of Ma	ssachusetts
Job or Title (if known)			
Shield Number			
Employer			
Address			
	Ci.	C.	7: 6.1.
	City	State	Zip Code
	Individual capacit	y Official c	apacity
Defendant No. 2			
Name	Richard Be	linsky	
Job or Title (if known)	Superinten	dent Suff	Folk Carity Jai
Shield Number			,
Employer			
Address	20 Bradston	St	
*	Boston	Ma	02118 Zip Code

Individual capacity

Official capacity

		Defendant No. 3 Name Job or Title (if known) Shield Number Employer Address	City	State	Zip Code	
			Individual capacity	Official capa		
		Defendant No. 4 Name Job or Title (if known) Shield Number Employer Address				
			City	State	Zip Code	
			Individual capacity	M Official capa	city .	
 Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights. A. Are you bringing suit against (check all that apply): 						
•	Under immun Federa constitu	42 U.S.C. § 1983, you may sue statities secured by the Constitution and Bureau of Narcotics, 403 U.S. 38 utional rights. Are you bringing suit against (chec	Id [federal laws]." Under <i>Bive</i> 8 (1971), you may sue federa	ens v. Six Unknown	Named Agents of	
•	Under immun Federa constitu	42 U.S.C. § 1983, you may sue statities secured by the Constitution and Bureau of Narcotics, 403 U.S. 38 utional rights.	Id [federal laws]." Under <i>Bive</i> 8 (1971), you may sue federa ck all that apply):	ens v. Six Unknown	Named Agents of	

D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed. They acted under color of statute ordinance, regulation, custom or usage of the Commenwealth of Massachusets under 42 USC \$1983' buy not releasing in mate after having posted his bail amounts without any other viable hold of warrant, eat as acting as holders of detainees are Status
Indica	te whether you are a prisoner or other confined person as follows (check all that apply):
X	Pretrial detainee
	Civilly committed detainee
	Immigration detainee
	Convicted and sentenced state prisoner
	Convicted and sentenced federal prisoner
	Other (explain)
Statem	ent of Claim
alleged further any cas	s briefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite es or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed.
A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
В.	Rex bury Ct, ordered mmediate release from current illegal managerations. During Status hearing. If the events giving rise to your claim arose in an institution, describe where and when they arose.
	Prison Indicat

1 & million

C. What date and approximate time did the events giving rise to your claim(s) occur?

The date of Offense 9/4/22 until 10/11/22 hold after posting bail in fully for no reason sufficient and adeq-ele for holding. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? D. Was anyone else involved? Who else saw what happened?) was arrested bail set had posted bail, was held and never released nor notified of having bails posted. Was held by Nashua St Jail until a scheduled court hearing where The Honorable Judge Kenneth Flandagareleased the Petitener after investigation of why he was in custody felling Mr. Cohum he apologizes the Jail held you illegally for 27 clay" See transcripts/witness. See witness/Trascripts of hearing

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

1. Re-occarring nightmare Concerning lock-up situation and no release date ever agion 10 Million Dollars

2. current illegal detainment of 27 days. \$500,00 = \$3,500,00

3. Further p-seg time of 42 days due to mental Health issue of re-occurring

4. Loss of WAGES in 2022 am average paycheck with \$550.00 after toxes for a loss of 40,000,000 since.

VI. 5 Relief nstitutional Rights Violation of Civil Rights 8thand 14th

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Payment of 1-4 based upon injuries. Constitutional reliefs-7 1, 10 million Dellaw 2\$13,500.00 39631000000 440 000 00 5 & I million 6 \$1 million

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). Nashua St Jail
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes Yes
	☐ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	No
	Do not know
	If yes, which claim(s)?

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	∑ Yes
	☐ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	X Yes
	□ No
E.	If you did file a grievance:
	1. Where did you file the grievance? NashwaSt Jail upon release from Ct I went to MST front desk and filled an appeal/ grievance over the illegal hold.
	2. Also left on bail from court returned to Jail and filed grievence.
	3. What was the result, if any? over turned 2. no return on decision from grievance
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Appeal of Disiplinary in future incarceration not original incarceration when bail issue occurred

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	Г.	If you did not file a grievance:
		1. If there are any reasons why you did not file a grievance, state them here: Unknown that bail was posted came back when court released and filed the grievence. No result or actor returned to me for further concerns.
		2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
		I did.
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
VIII.	Previou	is Lawsuits
	the filin brought malicion	ree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying g fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, us, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
	To the b	pest of your knowledge, have you had a case dismissed based on this "three strikes rule"?
	Ye	s
	No.	
	If yes, s	tate which court dismissed your case, when this occurred, and attach a copy of the order if possible.

imprisonment?

A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?	
	Yes	
	No No	
В.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there more than one lawsuit, describe the additional lawsuits on another page, using the same format.)	is
	1. Parties to the previous lawsuit	
	Plaintiff(s) Defendant(s)	
	Defendant(s)	
	2. Court (if federal court, name the district; if state court, name the county and State)	
	3. Docket or index number	
	4. Name of Judge assigned to your case	
	5. Approximate date of filing lawsuit	
	6. Is the case still pending?	
	□No	
	If no, give the approximate date of disposition.	
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)	
	NA	
C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your	

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	Yes
	✓ No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit
	Plaintiff(s) MA
	Plaintiff(s) Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)
	NA
	3. Docket or index number
	NA
	4. Name of Judge assigned to your case
	NA
	5. Approximate date of filing lawsuit
	N/A
	6. Is the case still pending?
	Yes
	No
	If no, give the approximate date of disposition Court on 5/20/24 Roxbur
	If no, give the approximate date of disposition
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
	Probation + a current VAP.

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: 4/25	24			
	Signature of Plaintiff	Mak Colum			
	Printed Name of Plaintiff	Commonwealth of	Ma: Richard	Belinsky Si	p.
	Prison Identification #	2403311		/	(/
	Prison Address	20 Bradston	St		
		Beston City	MA State	OZII8 Zip Code	
В.	For Attorneys				
	Date of signing:				
	Signature of Attorney				
	Printed Name of Attorney				
	Bar Number				
	Name of Law Firm				
	Address				
		City	State	Zip Code	
	Telephone Number				
	E-mail Address				